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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10799045 | <b>Applicant(s)/Patent Under Reexamination</b><br>PLANT ET AL. |
|   | <b>Examiner</b><br>LOHA BEN                | <b>Art Unit</b><br>2873  |

| ORIGINAL                  |  |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|--|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 351                       |  | 209      |  |  |  | A                            | B | 1 | B | 3 / 14 (2008.01.01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 351                       | 210                                      | 221      |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 606                       | 10                                       | 12       |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 600                       | 668                                      |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
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|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
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|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        |       | 17       |       | 33       |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        |       | 18       |       | 34       |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        |       | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 4        |       | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 5        |       | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 6        |       | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 7        |       | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 8        |       | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 9        |       | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 10       |       | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 11       |       | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 12       |       | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 13       |       | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 14       |       | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 15       |       | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
| 15  | 16       |       | 32       |       |          |       |          |       |          |       |          |       |          |       |          |

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| NONE<br><br>(Assistant Examiner) _____ (Date) _____                                   |  | <b>Total Claims Allowed:</b><br>15 |  |
| /LOHA BEN/<br>Primary Examiner Art Unit 2873<br>(Primary Examiner) _____ (Date) _____ |  | 20091031<br>(Date) _____           | O.G. Print Claim(s) _____ O.G. Print Figure _____<br>1 _____ 1 _____ |